



Kent Recreation and Parks Department

770 Route 52, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2015 Winter Gymnastics Registration Form

Fill out form completely. Please print legibly!

Age:	Time of Class		Gymnastic Fee (payable to Epic Studios of New York)	Registration Fee (payable to Kent Recreation)
3 & 4 <input type="checkbox"/>	12:00pm – 12:45pm	Child must be age by start of program	\$75.00	\$15.00
5 & 6 <input type="checkbox"/>	12:55pm – 1:40pm		\$75.00	\$15.00
7 & 8 <input type="checkbox"/>	1:50pm – 2:35pm		\$75.00	\$15.00
9 – 12 <input type="checkbox"/>	2:45pm – 3:30pm		\$75.00	\$15.00

Participant Information

Participant's Last Name:	First:	MI:	Birth Date:	Age:	Sex:
					Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address:		Home Phone Number:		Secondary Phone Number:	
City:	State:	ZIP Code:	E-Mail	E-Mail 2	
		Does your child have gymnastic experience?			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes ☐ No ☐

If yes, please explain:

Parent/Guardian Information

Father's Name:	Mother's Name:		
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Emergency Contact Information

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

Parent or Guardian Authorization, Disclaimer and Waiver of Liability

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the gymnastic program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

Office Use

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: KENT RECREATION	Check Number:	Receipt Number:

There are no make ups for missed classes. There are no refunds from Epic Studios after 1st class.

Class times may change if class sizes do not meet minimum enrollment to warrant separate gym space. Classes have a 32 student maximum; classes are filled on a first come, first serve basis.